

Docket No. 0575/55099-B/JPW/AJM/AJDIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ilya Trakht
Serial No. : 09/767,578 Examiner: Ron B. Schwadron
Filed : January 23, 2001 Group Art Unit: 1644
For : DEVELOPMENT OF HUMAN MONOCLONAL ANTIBODIES AND USES
THEREOF

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: January 11, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

 X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	12 -	* 20 =	*** 0 X	\$25	\$50	=	0	
Indepen- -dent Claims	2 -	** 3 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> X </u> Yes <u> </u> No				\$180	\$360	=	180	
				TOTAL ADDITIONAL FEE			\$ 180.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☐ A Petition for an Extension of Time, including a fee of \$ ☐ for a Petition for ☐ Month(s) Extension of Time

☐ Other (identify): ☐
☐
☐

THE TOTAL FEE DUE IS \$ 180.00.

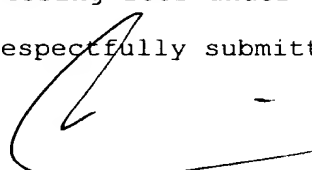
☒ A check in the amount of \$ 180.00 is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of \$ ☐.

☒ The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

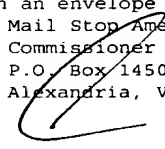
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.



Alan J. Morrison
Reg. No. 37,399

1/11/06
Date